Asbestos Licensing Section 800/572-5548 or 512/834-6610 Here Do Not Write In This Box - For Health Department Use Only Date Received: Remittance #: Date Reviewed: Amount Received: Date Approved: ____ Fiscal Year: License Number: Date Postmarked: Initials Initials Date Mailed: Date Issued: Asbestos Abatement Supervisor License Application A license is required for asbestos abatement supervisors in accordance with 25 TAC §295.31-73. The annual fee of \$300 must accompany the application. Send a cashiers check or money order payable to the "Texas Department of Health -7C790-178." DO NOT SEND CASH OR PERSONAL CHECKS. Complete all blocks below (print or type only) and supply all required documentation listed on the back of this form. Applications will not be issued until all necessary documentation has been provided. LICENSE FEES ARE NON-REFUNDABLE. If renewing: Enter your current license/registration number: ______ Expiration Date: _____ Applicant Name Social Security # (optional) Date of Birth: (month, day, year) Telephone Number Zip Code Mailing Address Company Affiliation (if any) Telephone Number Zip Code State Company Address **CERTIFICATION**: I hereby certify that I have received a copy of the Texas Asbestos Health Protection Rules, I have read and understand them, and agree to comply with them. I understand that it is a violation of TDH rules and a violation of the Texas Penal Code §37.10 to submit any forged or fraudulent documents in order to obtain a license. All information I have provided is correct, complete, and true to the best of my knowledge. I also understand that, under the Privacy Act 5 USC §552(a), my social security number is being given voluntarily and may be used by the Asbestos Licensing Section, under TAHPR, 25 TAC §295.35 (a), to verify my identity. Signature of Applicant Date

Place

Photo

PO Box 141097

Austin, Texas 78714-1097

Texas Department of Health

Toxic Substances Control Division

The following documentation is required, in accordance with §295.46(d) of the Texas Asbestos Health Protection

If your license has expired for more than 180 days you will be considered a new applicant. You will need to submit #3. **Initial license:** please provide all of the following except item #2 If renewing please provide all of the following except items #1 #3 #8 and #11

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	1. Submit a copy of applicants certificate of training from a Department-approved training provider for the
	asbestos contractor/supervisor initial course.
	2. Submit a copy of applicants certificate of training from a Department-approved training provider for the asbestos contractor/supervisor refresher course.
	3. Submit a copy of applicants original and all subsequent refresher certificates of training from a Department-approved training provider for the asbestos contractor/supervisor course
	4. A copy of applicants training course identification card with a visible photo
	5. Applicant's completing out-of-state training, must submit a copy of a 3-hour Texas Law training course
	certificate.
	6. A physician's statement of the required physical examination done within the past year as described in
	§295.42(e)(2) of this title (relating to Registration: Asbestos Abatement Workers) and submitted on the
	department "Physician's Written Statement" form only.
	7. A one-inch by one-inch photograph of the face.
	8. Proof of successfully passing the department examination for asbestos contractors and supervisors.
	9. A visible copy of the documents required on the attached Form I-9 (Rev. 11-21-91) N, to establish identity. The
	applicant shall provide either one document from list "A" or a combination of two documents, one each, from
	lists "B" & "C".
	10. Copies of any notices of violation and citations issued by the Texas Department of Health, if renewing, only
	within the last year.
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	11. Verifiable written documentation must be provided of at least 90 days of legal qualifiable work experience
	performed over a period of not less than 12 months and within the past 24 months (see sample format below)
	a. Start and completion dates of each project.

- b. Name of project and address.
- c. Project description including the amount of asbestos involved and applicant's duties.
- d. Name and telephone number of person to contact that can verify all information submitted regarding a particular project.

Sample Format For Asbestos-Related Experience				
Start and Completion Dates	Project Name, Location and Contract Amount	Project Description and Applicant's Duties	Contact Person and Phone Number	
5/12/99 - 6/30/99	City Public Service HQ 138 State St. Abilene, TX 79867 550 LF and 300 SF	Supervised removal of pipe insulation and ducts. Set up, removal, personnel monitoring and bag out.	Ron Howard 915/784-0987	
7/2/00 10/19/00	St. Anne's Church 893 E. Maple San Antonio, TX 78286 25,000 SF	Supervised removal, enclosure, and encapsulation of asbestos. Site preparation	Murphy Brown 512/345-3567	

IMPORTANT

- * If your application is complete, allow a *minimum* of three weeks for processing after being received by the licensing section.
 * Within 30 days of receipt of your application a Deficiency Notification will be sent if additional documentation is required or errors are contained in your application. From the date of the Deficiency Notification you have 90 days to complete your application, after which it will be denied due to abandonment [§295.38(e)(2)(A) of the Texas Asbestos Health Protection Rules].
- * If your license is lost or stolen, you must request, complete, and submit an "Application for Duplicate Asbestos License" form. This form may be obtained at www.tdh.state.tx.us/beh/asbestos or (800)572-5548 or (512)834-6610.
- * Make sure you have completed all appropriate sections of this form. Sign and date the application, and return it to the address shown below:

PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.tdh.state.tx.us for more information on Privacy

Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Diríjase a http://www.tdh.state.tx.us para más información sobre la Notificación sobre privacidad. (Referencia: Government Code, sección 522.021, 522.023 y 559.004)

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Asbestos Licensing Program 7C790-178
Texas Department of Health
PO Box 141097
Austin, Texas 78714-1097